

# Local Codes: July 1, 2000 Edition

## Washington State Department of Labor & Industries

<i>Effect. Date</i>	<i>Code</i>	<i>Abbreviated Description</i>	<i>7/1/00 Fee</i>	<i>Comments</i>	<i>Prior Auth</i>	<i>Appr Prvd</i>
<b><i>Codes Used by the State Fund and Self-Insurers:</i></b>						
9/1/93	0401A	Claimant - Private transportation, per mile	state rate	To reimburse clmt. costs.	<input type="checkbox"/>	<input type="checkbox"/>
9/1/93	0402A	Claimant - Parking	BR	To reimburse clmt. costs.	<input type="checkbox"/>	<input type="checkbox"/>
9/1/93	0403A	Claimant - Bridge ferry tolls	BR	To reimburse clmt. costs.	<input type="checkbox"/>	<input type="checkbox"/>
9/1/93	0405A	Claimant - Commercial fare (airlines, railroad)	BR	To reimburse clmt. costs.	<input type="checkbox"/>	<input type="checkbox"/>
9/1/93	0406A	Claimant - Lodging (hotel/motel)	state rate	To reimburse clmt. costs.	<input type="checkbox"/>	<input type="checkbox"/>
9/1/93	0407A	Claimant - Breakfast	state rate	To reimburse clmt. costs.	<input type="checkbox"/>	<input type="checkbox"/>
9/1/93	0408A	Claimant - Lunch	state rate	To reimburse clmt. costs.	<input type="checkbox"/>	<input type="checkbox"/>
9/1/93	0409A	Claimant - Dinner	state rate	To reimburse clmt. costs.	<input type="checkbox"/>	<input type="checkbox"/>
9/1/93	0411A	Claimant - Time lost from work to attend dept. or self-ins requested IME	BR	To reimburse clmt. costs.	<input type="checkbox"/>	<input type="checkbox"/>
9/1/93	0412A	Claimant - Travel related to a dept. or self-insured requested exam	state rate	To reimburse clmt. costs.	<input type="checkbox"/>	<input type="checkbox"/>
9/1/93	0413A	Claimant - Miscellaneous travel (must specify)	state rate	To reimburse clmt. costs.	<input type="checkbox"/>	<input type="checkbox"/>
9/1/93	0414A	Claimant - Taxi one way, or mileage	BR	To reimburse clmt. costs.	<input type="checkbox"/>	<input type="checkbox"/>
9/1/93	0415A	Claimant - Replacement of clothing	BR	To reimburse clmt. costs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9/1/93	0420A	Lumbar seat support	BR		<input type="checkbox"/>	<input type="checkbox"/>
9/1/93	0421A	Pressure garments	BR		<input type="checkbox"/>	<input type="checkbox"/>
9/1/93	0423A	Claimant - Unlisted stimulator/accessories/service	BR	To reimburse clmt. costs.	<input type="checkbox"/>	<input type="checkbox"/>
9/1/93	0424A	Claimant - Wheelchair accessories/supplies/ batteries	BR	To reimburse clmt. costs.	<input type="checkbox"/>	<input type="checkbox"/>
9/1/93	0425A	Claimant - Oxygen supplies/miscellaneous	BR	To reimburse clmt. costs.	<input type="checkbox"/>	<input type="checkbox"/>
9/1/93	0426A	Silicone Elastomer/ Scar Conformer	BR		<input type="checkbox"/>	<input type="checkbox"/>
9/1/93	0428A	Therapeutic exercise putty	BR		<input type="checkbox"/>	<input type="checkbox"/>
9/1/93	0429A	Rubber exercise tubing	BR		<input type="checkbox"/>	<input type="checkbox"/>
9/1/93	0430A	Anti-vibration gloves	BR		<input type="checkbox"/>	<input type="checkbox"/>
10/1/97	0440A	Joining fee weight loss program- worker reimbursement	\$ 119.36	To reimburse clmt. costs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10/1/97	0441A	Weekly fee weight loss program- worker reimbursement	\$ 23.87	To reimburse clmt.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1/1/98	2050A	Level 1: Chiropractic Care Visit (straightforward complexity)	\$ 31.77		<input type="checkbox"/>	<input type="checkbox"/>
1/1/98	2051A	Level 2: Chiropractic Care Visit (low complexity)	\$ 40.69		<input type="checkbox"/>	<input type="checkbox"/>
1/1/98	2052A	Level 3: Chiropractic Care Visit (moderate complexity)	\$ 49.57		<input type="checkbox"/>	<input type="checkbox"/>
9/1/93	2130A	ND initial visit- routine exam, hx and/or tx (routine procedure), w/ report.	\$ 39.70		<input type="checkbox"/>	<input type="checkbox"/>
9/1/93	2131A	ND initial visit- extended office visit including treatment, report required.	\$ 59.55		<input type="checkbox"/>	<input type="checkbox"/>
9/1/93	2132A	ND initial visit- comprehensive, incl. tx, report req'd in add'n to ROA	\$ 79.39		<input type="checkbox"/>	<input type="checkbox"/>
9/1/93	2133A	ND follow-up office visit- routine, including evaluation and/or treatment.	\$ 31.77		<input type="checkbox"/>	<input type="checkbox"/>
9/1/93	2134A	ND follow-up office visit- extended, including treatment, report required.	\$ 59.55		<input type="checkbox"/>	<input type="checkbox"/>
9/1/93	2136A	ND phone call regarding patient care plan, brief (under 15 min.)	\$ 7.06	See Fee Schedules	<input type="checkbox"/>	<input type="checkbox"/>
9/1/93	2137A	ND phone call, intermediate (15-30 min)	\$ 14.12	See Fee Schedules	<input type="checkbox"/>	<input type="checkbox"/>
9/1/93	2138A	ND phone call, lengthy or complex, (> 30 min)	\$ 21.18	See Fee Schedules	<input type="checkbox"/>	<input type="checkbox"/>
8/1/94	2139A	On-site visit w/ ND to coordinate patient care activities (approx 30 min).	\$ 61.19	See Fee Schedules	<input type="checkbox"/>	<input type="checkbox"/>
8/1/94	2140A	On-site visit w/ ND to coordinate patient care activities (approx 60 min).	\$ 117.68	See Fee Schedules	<input type="checkbox"/>	<input type="checkbox"/>
1/1/99	3020A	Hyalgan injection knee, per injection	\$ 212.65	Max 5 per knee per claim.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7/1/99	3060A	HIV exposure, initial therapy kit	\$ 124.50	Max 2 per claim	<input type="checkbox"/>	<input type="checkbox"/>
9/1/93	4570A	Claimant - Misc. medical supplies (must specify)	BR	To reimburse clmt. costs.	<input type="checkbox"/>	<input type="checkbox"/>
11/1/98	4805A	Emergency contraception counseling by pharmacist	\$ 29.32		<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Includes all current L&I local codes except Crime Victims Compensation and Chemically Related Illness codes  
Refer to Medical Aid Rules and Fee Schedules for policies associated with these codes.  
State rates for travel and lodging are established by the Office of Financial Mgt.*

<i>Effect. Date</i>	<i>Code</i>	<i>Abbreviated Description</i>	<i>7/1/00 Fee</i>	<i>Comments</i>	<i>Prior Auth</i>	<i>Appr Prvd</i>
1/1/99	3040B	Snyvisc injection, knee, per injection	\$ 287.76		<input checked="" type="checkbox"/>	<input type="checkbox"/>
9/1/93	0010E	Ankle weight purchase	BR	To reimburse clmt. costs.	<input type="checkbox"/>	<input type="checkbox"/>
9/1/93	0012E	Wrist weight purchase	BR	To reimburse clmt. costs.	<input type="checkbox"/>	<input type="checkbox"/>
9/1/93	8901H	Non-agency attendant care, self-employed (per hour)	\$ 9.85		<input checked="" type="checkbox"/>	<input type="checkbox"/>
9/1/93	8902H	Nursing home or residential care (group home, boarding home)	BR		<input checked="" type="checkbox"/>	<input type="checkbox"/>
9/1/93	8904H	Home health agency aide (per hour)	\$ 20.03		<input checked="" type="checkbox"/>	<input type="checkbox"/>
7/1/00	8905H	Home hospice care (per day)	BR		<input type="checkbox"/>	<input type="checkbox"/>
7/1/00	8906H	Facility hospice care (per day)	BR		<input type="checkbox"/>	<input type="checkbox"/>
9/1/93	8907H	Home health agency nurse (RN) visit (per day)	\$ 115.16		<input type="checkbox"/>	<input type="checkbox"/>
9/1/93	8908H	Home health agency physical therapy visit (per hour)	\$ 115.16		<input checked="" type="checkbox"/>	<input type="checkbox"/>
9/1/93	8909H	Home health agency occupational therapy visit (per hour)	\$ 119.29		<input checked="" type="checkbox"/>	<input type="checkbox"/>
9/1/93	8910H	Home health agency speech therapy visit (per hour)	\$ 119.29		<input checked="" type="checkbox"/>	<input type="checkbox"/>
9/1/93	8912H	Home health agency nurse (RN), each additional visit (per day)	\$ 48.42		<input type="checkbox"/>	<input type="checkbox"/>
9/1/93	8913H	Independent RN evaluation requested by department or Self Insurer.	\$ 380.07		<input checked="" type="checkbox"/>	<input type="checkbox"/>
9/1/93	8914H	Home modification construction and design	BR	Max pyt= WA avg wage	<input type="checkbox"/>	<input type="checkbox"/>
9/1/93	8915H	Vehicle modification by contractor	BR	Max pyt= 1/2 WA avg wage	<input type="checkbox"/>	<input type="checkbox"/>
12/1/96	8916H	Home modification evaluation and consultation	BR	Max \$2000/clm per prvdr	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12/1/96	8917H	Home modification mileage, lodging, airfare, car rental	state rates		<input checked="" type="checkbox"/>	<input type="checkbox"/>
7/1/99	8918H	Vehicle modification initial evaluation or consultation	BR	Max \$1000/clm per prvdr	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7/1/99	8920H	Vehicle modification follow up consultation	BR	Max \$1000/clm per prvdr	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9/1/93	8930H	Home health agency LPN care (per hour)	\$ 31.84		<input type="checkbox"/>	<input type="checkbox"/>
7/1/98	8950H	Comprehensive brain injury evaluation	\$ 3,205.32		<input checked="" type="checkbox"/>	<input type="checkbox"/>
7/1/98	8951H	Brain injury rehab program- full day	\$ 572.38		<input checked="" type="checkbox"/>	<input type="checkbox"/>
7/1/98	8952H	Brain injury rehab program- half day	\$ 343.43		<input checked="" type="checkbox"/>	<input type="checkbox"/>
9/1/93	1602L	Orthotic impression casting	BR		<input type="checkbox"/>	<input type="checkbox"/>
9/1/93	0141M	Substance abuse outpatient/intake evaluation	BR		<input type="checkbox"/>	<input type="checkbox"/>
9/1/93	0142M	Substance abuse outpatient/physical exam	BR		<input type="checkbox"/>	<input type="checkbox"/>
9/1/93	0143M	Substance abuse outpatient/individual full visit	BR		<input type="checkbox"/>	<input type="checkbox"/>
9/1/93	0144M	Substance abuse outpatient/individual brief	BR		<input type="checkbox"/>	<input type="checkbox"/>
9/1/93	0145M	Substance abuse outpatient/group therapy, per hour	BR		<input type="checkbox"/>	<input type="checkbox"/>
9/1/93	0146M	Drug abuse outpatient/chemotherapy	BR		<input type="checkbox"/>	<input type="checkbox"/>
9/1/93	0147M	Drug abuse outpatient/medication adjustment	BR		<input type="checkbox"/>	<input type="checkbox"/>
9/1/93	0149M	Detoxification facility (room/board)	BR		<input type="checkbox"/>	<input type="checkbox"/>
9/1/93	1000M	Work hardening - Interview	\$ 90.25		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9/1/93	1001M	Work hardening - Evaluation, per hour (max 5 hours)	\$ 90.25		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9/1/93	1002M	Work hardening - Plan development	\$ 90.25		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9/1/93	1003M	Work hardening - Week 1 - cond./aerobics, per hour (max 8 hours)	\$ 36.33		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9/1/93	1004M	Work hardening - Week 1 - work simulation, per hour (max 8 hours)	\$ 36.33		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9/1/93	1005M	Work hardening - Week 1 - conference	\$ 45.13		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9/1/93	1006M	Work hardening - Week 2 - cond./aerobics, per hour (max 8 hours)	\$ 36.33		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9/1/93	1007M	Work hardening - Week 2 - work simulation, per hour (max 15 hours)	\$ 36.33		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9/1/93	1008M	Work hardening - Week 2 - conference	\$ 45.13		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9/1/93	1009M	Work hardening - Week 3 - cond./aerobics, per hour (max 8 hours)	\$ 36.33		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9/1/93	1010M	Work hardening - Week 3 - work simulation, per hour (max 20 hours)	\$ 36.33		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9/1/93	1011M	Work hardening - Week 3 - conference	\$ 45.13		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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9/1/93	1012M	Work hardening - Week 4 - cond./aerobics, per hour (max 10 hours)	\$ 36.33		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9/1/93	1013M	Work hardening - Week 4 - work simulation, per hour (max 25 hours)	\$ 36.33		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9/1/93	1014M	Work hardening - Discharge conf.	\$ 90.25		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9/1/93	1015M	Work hardening - Preparation, per hour (max 2 hours)	\$ 90.25		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9/1/93	1016M	Work hardening - Body mech./education, per hour (max 6 hours)	\$ 36.33		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9/1/93	1017M	Work hardening - Coordination, per hour (max 2 hours)	\$ 90.25		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9/1/93	1018M	Work hardening - Job coaching, per hour (max 2 hours)	\$ 90.25		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7/1/98	1026M	Attending physician final report (PFR) completed at insurer's request.	\$ 29.35	See Fee Schedules.	<input type="checkbox"/>	<input type="checkbox"/>
7/1/97	1027M	Attending doctor's completion of LEP form at insurer's request.	\$ 8.26		<input type="checkbox"/>	<input type="checkbox"/>
7/1/98	1028M	Add'l JA review by AP, at insurer, SF employer, VRC or TPA request	\$ 14.67	1038M for 1st, 1028M add'l	<input type="checkbox"/>	<input type="checkbox"/>
1/1/98	1030M	Obesity treatment; intake dietary evaluation.	\$ 71.17	Allowed once per claim.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9/1/93	1034M	Obesity treatment; dietary re-evaluation.	\$ 48.80	Max 3 times per claim.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2/1/96	1038M	1st JA review by AP, at insurer, SF employer, VRC or TPA request	\$ 29.35	1038M for 1st, 1028M add'l	<input type="checkbox"/>	<input type="checkbox"/>
9/1/93	1040M	Completion of Report of Accident (ROA) form.	\$ 22.47	Attending physicians ONLY	<input type="checkbox"/>	<input type="checkbox"/>
9/1/93	1041M	Reopening application	\$ 22.47		<input type="checkbox"/>	<input type="checkbox"/>
9/1/93	1042M	Biofeedback initial evaluation, one hour. Includes report.	\$ 112.35		<input type="checkbox"/>	<input type="checkbox"/>
9/1/93	1043M	Biofeedback follow-up evaluation, 30 minutes. Includes report.	\$ 56.17		<input type="checkbox"/>	<input type="checkbox"/>
9/1/93	1044M	Physical medicine by attending doctor not board qualified/certified	\$ 9.37	6 visit max (except remote)	<input type="checkbox"/>	<input type="checkbox"/>
9/1/93	1045M	Physical capacities exam (PCE)	\$ 544.31		<input type="checkbox"/>	<input type="checkbox"/>
9/1/93	1046M	Provider mileage, per mile; allowed when round trip exceeds 14 miles	\$ 3.75		<input checked="" type="checkbox"/>	<input type="checkbox"/>
9/1/93	1048M	Completion of a Doctor's Estimate of Physical Capacities form.	\$ 18.73		<input type="checkbox"/>	<input type="checkbox"/>
9/1/93	1049M	Medical testimony approved in advance by A.G., first hour.	\$ 384.41	\$384.41 (Vendor Pay)	<input type="checkbox"/>	<input type="checkbox"/>
9/1/93	1050M	Testimony authorized by A.G., each additional 30 minutes.	\$ 128.14	\$128.14 (Vendor Pay)	<input type="checkbox"/>	<input type="checkbox"/>
9/1/93	1051M	Copies of med. records at request of dept, Self Insurer, or rep. (per pg).	\$ 0.38	Not pd if req'd for billing.	<input type="checkbox"/>	<input type="checkbox"/>
9/1/93	1053M	Deposition approved in advance by A.G., first hour.	\$ 320.35	\$320.35 (Vendor Pay)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9/1/93	1054M	Deposition authorized by A.G., each additional 30 minutes.	\$ 107.31	\$107.31 (Vendor Pay)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9/1/96	1055M	Occupational Disease History, detailed, non-IME	\$ 141.57		<input type="checkbox"/>	<input type="checkbox"/>
9/1/93	1056M	Supplemental medical report	\$ 13.88	Attending physicians ONLY	<input type="checkbox"/>	<input type="checkbox"/>
1/20/00	1057M	Opioid progress report supplement	\$ 13.88	See PB 00-04.	<input type="checkbox"/>	<input type="checkbox"/>
9/1/93	1061M	Claimant - per diem lodging/meals	BR	To reimburse clmt. costs.	<input type="checkbox"/>	<input type="checkbox"/>
9/1/93	1062M	Outpatient Services per visit - military	BR	Military hospitals ONLY.	<input type="checkbox"/>	<input type="checkbox"/>
8/1/94	1063M	IME - Attending dr's review of IME at request of dept. or Self Insurer.	\$ 29.97		<input type="checkbox"/>	<input checked="" type="checkbox"/>
1/20/00	1064M	Initial report documenting need for opioid treatment	\$ 29.35	See PB 00-04.	<input type="checkbox"/>	<input type="checkbox"/>
9/1/93	1100M	IME - Microfiche processing	\$ 35.40		<input type="checkbox"/>	<input checked="" type="checkbox"/>
9/1/93	1101M	IME - Microfiche additional fee	\$ 35.40		<input type="checkbox"/>	<input checked="" type="checkbox"/>
9/1/93	1102M	IME - Tele call or conference	\$ 28.31		<input type="checkbox"/>	<input checked="" type="checkbox"/>
9/1/93	1103M	IME - Complex fee, per examiner	\$ 247.76		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9/1/93	1104M	IME - Addendum report	\$ 70.78		<input type="checkbox"/>	<input checked="" type="checkbox"/>
9/1/93	1105M	IME - Physical capacities	\$ 18.73		<input type="checkbox"/>	<input checked="" type="checkbox"/>
9/1/93	1106M	IME - Limited, single	\$ 194.67		<input type="checkbox"/>	<input checked="" type="checkbox"/>
9/1/93	1107M	IME - No show fee	\$ 123.89		<input type="checkbox"/>	<input checked="" type="checkbox"/>
9/1/93	1108M	IME - Standard, single	\$ 283.17		<input type="checkbox"/>	<input checked="" type="checkbox"/>
9/1/93	1109M	IME - Complex, single	\$ 353.95		<input type="checkbox"/>	<input checked="" type="checkbox"/>
9/1/93	1110M	IME - Repeat	\$ 247.76		<input type="checkbox"/>	<input checked="" type="checkbox"/>
9/1/93	1111M	IME - No show fee, single examiner, standard or complex	\$ 176.97		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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9/1/93	1112M	IME - Additional examiner	\$ 274.32		<input type="checkbox"/>	<input checked="" type="checkbox"/>
9/1/93	1113M	IME 2 examiners	\$ 557.47		<input type="checkbox"/>	<input checked="" type="checkbox"/>
9/1/93	1114M	IME - Repeat exam - 2 examiners	\$ 389.35		<input type="checkbox"/>	<input checked="" type="checkbox"/>
9/1/93	1115M	IME 3 examiners	\$ 831.80		<input type="checkbox"/>	<input checked="" type="checkbox"/>
9/1/93	1116M	IME - Repeat exam - 3 examiners	\$ 584.02		<input type="checkbox"/>	<input checked="" type="checkbox"/>
9/1/93	1117M	IME - No show fee, each examiner scheduled	\$ 132.73		<input type="checkbox"/>	<input checked="" type="checkbox"/>
9/1/93	1118M	IME by psychiatrist	\$ 557.47		<input type="checkbox"/>	<input checked="" type="checkbox"/>
9/1/93	1119M	IME - Repeat IME psychiatrist	\$ 389.35		<input type="checkbox"/>	<input checked="" type="checkbox"/>
9/1/93	1120M	IME - No show fee, psych	\$ 274.32		<input type="checkbox"/>	<input checked="" type="checkbox"/>
9/1/93	1122M	IME - Pain management rating (IME - PAIN CLINIC)	\$ 212.36		<input type="checkbox"/>	<input checked="" type="checkbox"/>
9/1/93	1124M	IME - L&I discretion	BR		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9/1/93	1125M	IME - Physician travel per mile; allowed when round trip exceeds 14 mi.	\$ 3.75		<input type="checkbox"/>	<input checked="" type="checkbox"/>
9/1/93	1127M	IME - Complex fee, unanticipated	\$ 123.89		<input type="checkbox"/>	<input checked="" type="checkbox"/>
9/1/93	1128M	IME- Occupational disease history	\$ 141.57		<input checked="" type="checkbox"/>	<input type="checkbox"/>
5/1/95	1190M	Impairment Rating by Attending Physician, Limited	\$ 194.67		<input type="checkbox"/>	<input type="checkbox"/>
5/1/95	1191M	Impairment Rating by Attending Physician, Standard	\$ 283.17		<input type="checkbox"/>	<input type="checkbox"/>
5/1/95	1192M	Impairment Rating by Attending Physician, Complex	\$ 353.95		<input type="checkbox"/>	<input type="checkbox"/>
5/1/95	1193M	Impairment Rating by Consultant, Limited	\$ 194.67		<input type="checkbox"/>	<input type="checkbox"/>
5/1/95	1194M	Impairment Rating by Consultant, Standard	\$ 283.17		<input type="checkbox"/>	<input type="checkbox"/>
5/1/95	1195M	Impairment Rating by Consultant, Complex	\$ 353.95		<input type="checkbox"/>	<input type="checkbox"/>
2/17/98	1220M	Nurse case management- phone calls (per 6 minutes)	\$ 7.44	See PB 98-01.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2/17/98	1221M	Nurse case management- visits (per 6 minutes)	\$ 7.44	See PB 98-01.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2/17/98	1222M	Nurse case management- case planning (per 6 minutes)	\$ 7.44	See PB 98-01.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2/17/98	1223M	Nurse case management- travel/wait time (per 6 minutes)	\$ 3.66	See PB 98-01.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2/17/98	1224M	Nurse case management- mileage (per mile)	state rate	See PB 98-01.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2/17/98	1225M	Nurse case mgt.- expenses (parking, ferry, toll fees, lodging & airfare).	state rate		<input checked="" type="checkbox"/>	<input type="checkbox"/>
8/1/94	2978M	Fiberglass, 2" x 4 yard roll	\$ 9.75		<input type="checkbox"/>	<input type="checkbox"/>
8/1/94	2979M	Fiberglass, 3" x 4 yard roll	\$ 12.50		<input type="checkbox"/>	<input type="checkbox"/>
8/1/94	2980M	Fiberglass, 4" x 4 yard roll	\$ 16.00		<input type="checkbox"/>	<input type="checkbox"/>
8/1/94	2981M	Fiberglass, 5" x 4 yard roll	\$ 18.50		<input type="checkbox"/>	<input type="checkbox"/>
8/1/94	2982M	Plaster, 2" X 3 yard roll	\$ 1.35		<input type="checkbox"/>	<input type="checkbox"/>
8/1/94	2983M	Plaster, 3" X 3 yard roll	\$ 1.60		<input type="checkbox"/>	<input type="checkbox"/>
8/1/94	2984M	Plaster, 4" X 5 yard roll	\$ 2.50		<input type="checkbox"/>	<input type="checkbox"/>
8/1/94	2985M	Plaster, 5" X 5 yard roll	\$ 2.90		<input type="checkbox"/>	<input type="checkbox"/>
8/1/94	2986M	Plaster, 6" X 5 yard roll	\$ 3.50		<input type="checkbox"/>	<input type="checkbox"/>
8/1/94	2987M	Plaster, 8" X 5 yard roll	\$ 4.05		<input type="checkbox"/>	<input type="checkbox"/>
7/1/96	8949M	Stat laboratory fee, one charge allowed per episode	\$ 9.96	See Fee Schedules.	<input type="checkbox"/>	<input type="checkbox"/>
9/1/98	9980M	Interpreter services, per 15 minutes	\$ 13.47	Max 2 units/day	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9/1/98	9981M	Interpreter, wait time/form completion, per 15 minutes	\$ 13.47	Max 2 units/day	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9/1/98	9982M	Interpreter, IME no show, per 15 minutes	\$ 13.47	Max 2 units/day	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9/1/98	9986M	Interpreter mileage	state rate		<input checked="" type="checkbox"/>	<input type="checkbox"/>
10/1/99	9987M	Document translation at insurer request per 15 minutes	\$ 13.47		<input type="checkbox"/>	<input type="checkbox"/>
7/1/99	0301R	Retraining transportation, plan travel, mileage	state rate		<input type="checkbox"/>	<input type="checkbox"/>
7/1/99	0302R	Retraining, plan travel, parking	BR		<input type="checkbox"/>	<input type="checkbox"/>
7/1/99	0303R	Retraining, plan travel, bridge ferry tolls and	BR		<input type="checkbox"/>	<input type="checkbox"/>

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<i>Effect. Date</i>	<i>Code</i>	<i>Abbreviated Description</i>	<i>7/1/00 Fee</i>	<i>Comments</i>	<i>Prior Auth</i>	<i>Appr Prvd</i>
7/1/99	0304R	Retraining, plan travel, commercial transportation	BR		<input type="checkbox"/>	<input type="checkbox"/>
10/15/98	0375R	Retraining, relocation costs	BR		<input checked="" type="checkbox"/>	<input type="checkbox"/>
6/6/96	0380R	Job modification	BR	\$5000 max. (2nd inj. fund)	<input type="checkbox"/>	<input type="checkbox"/>
6/6/96	0385R	Pre-job accommodation	BR	\$5000 max. (accident fund)	<input type="checkbox"/>	<input type="checkbox"/>
12/1/96	5060V	Repair after original warranty expired- parts & labor guaranteed 6 mo.	\$ 125.68	See Fee Schedules.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12/1/96	5061V	Repair/replacement to hearing aid faceplate (front of the hearing aid).	\$ 151.72	See Fee Schedules.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12/1/96	5062V	Remaking new hearing aid case (shell of hearing aid which fits in ear).	\$ 149.46	See Fee Schedules.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12/1/96	5063V	Repair external device that controls vol. for programmable hearing aid.	\$ 141.54	See Fee Schedules.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12/1/96	5064V	Hearing aid using combination digital & analog circuitry.	\$ 144.94	See Fee Schedules.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12/1/96	5065V	Hearing testing/assessment to determine hearing loss.	\$ 61.66	Not pd to prvd of aid.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12/1/96	5066V	Hearing aid with amplification device worn on the patient's body.	\$ 696.52	Incl. molds, receiver & cord	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12/1/96	5067V	Hearing aid device used if no pinna/ ear canal in which to lace earmold.	\$ 765.34	See Fee Schedules.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12/1/96	5068V	In the ear hearing aid for fuller style device e.g. full shell, half shell, heli	\$ 692.35	See Fee Schedules.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12/1/96	5069V	In the ear hearing aid for high freq hearing loss (>= 2000hz), incl. pots.	\$ 769.51	See Fee Schedules.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12/1/96	5070V	In the canal aid (protrudes minimally on the outside of the ear canal).	\$ 942.60	See Fee Schedules.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12/1/96	5071V	In the ear hearing aid with digital-analog circuitry. Remote incl.	\$ 1,545.28	See Fee Schedules.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12/1/96	5072V	Completely in the canal hearing aid. Linear aids all sound equally	\$ 1,259.58	See Fee Schedules.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12/1/96	5073V	Completely in the canal hearing aid. Uses digital-analog circuitry	\$ 2,154.22	See Fee Schedules.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12/1/96	5074V	Behind the ear hearing aid where sound equally amplified, incl. mold.	\$ 629.79	See Fee Schedules.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12/1/96	5075V	Behind the ear hearing aid, adjusts for wide range of input, incl. mold.	\$ 913.41	See Fee Schedules.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12/1/96	5076V	Behind the ear hearing aid w/ digital-analog type circuitry, includes mol	\$ 1,274.18	See Fee Schedules.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12/1/96	5077V	Behind the ear hearing aid beginning at mid freq amplif., incl. mold.	\$ 755.96	See Fee Schedules.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12/1/96	5078V	Hearing aid fitted to the frames of a patient's glasses. Includes mold.	\$ 777.85	See Fee Schedules.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12/1/96	5079V	Bone conduction hearing aid fitted to a headband or patient's glasses.	\$ 1,028.10	See Fee Schedules.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12/1/96	5080V	In the ear hearing aid with CROS capability. Includes cord, if applicabl	\$ 1,107.35	See Fee Schedules.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12/1/96	5081V	Behind the ear hearing aid with CROS capability, includes mold & cord.	\$ 1,332.57	See Fee Schedules.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12/1/96	5082V	Hearing aid fitted to glass frames with CROS capability.	\$ 1,055.21	See Fee Schedules.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12/1/96	5083V	In the ear hearing aid with BICROS capability, includes cord, if applic.	\$ 1,142.80	See Fee Schedules.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12/1/96	5084V	Behind the ear hearing aid with BICROS capability, incl. mold & cord.	\$ 1,420.16	See Fee Schedules.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12/1/96	5085V	Hearing aid fitted to glass frames with BICROS capability, incl. mold.	\$ 1,026.02	See Fee Schedules.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12/1/96	5086V	Single cell device to power hearing aid.	\$ 1.04	See Fee Schedules.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12/1/96	5087V	Cleaning kit distributed to the patient.	\$ 10.43	1st kit incl. in aid cost.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12/1/96	5088V	Supply items and replacement parts for hearing aids.	BR	See Fee Schedules.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b><i>Codes Used by the State Fund Only (not applicable for Self-Insurers):</i></b>						
9/1/93	0005E	TENS - 30 day free trial (contracted services)	contracted		<input checked="" type="checkbox"/>	<input type="checkbox"/>
9/1/93	0006E	TENS - monthly rental (contracted services)	contracted		<input checked="" type="checkbox"/>	<input type="checkbox"/>
9/1/93	0007E	TENS - supplies/shipping (contracted services)	contracted		<input checked="" type="checkbox"/>	<input type="checkbox"/>
9/1/93	0008E	TENS - purchase (contracted services)	contracted		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2/1/96	1037M	Provide physical capacity or physical restriction information to employer	\$ 18.73	Max 1 unit per day.	<input type="checkbox"/>	<input type="checkbox"/>
4/1/94	1039M	Time Loss Notification Form: state fund region 5 workers ONLY	\$ 8.26	State fund reg 5 ONLY.	<input type="checkbox"/>	<input type="checkbox"/>
5/1/95	1184M	MPE - Level 1 Exam	\$ 199.03	LTD Pilot use ONLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5/1/95	1185M	MPE - Level 2 Exam	\$ 273.68	LTD Pilot use ONLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5/1/95	1186M	MPE - No Show - Level 1 Exam	\$ 99.52	LTD Pilot use ONLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5/1/95	1187M	MPE - No Show - Level 2 Exam	\$ 136.85	LTD Pilot use ONLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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<i>Effect. Date</i>	<i>Code</i>	<i>Abbreviated Description</i>	<i>7/1/00 Fee</i>	<i>Comments</i>	<i>Prior Auth</i>	<i>Appr Prvd</i>
5/1/95	1188M	LTD Telephone Conference - each 15 min	\$ 36.91	LTD Pilot use ONLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5/1/95	1189M	MPE - AP Review - including conference & report	\$ 87.07	LTD Pilot use ONLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5/1/95	1196M	Impairment rating - AP review - including conference and report	\$ 87.07	LTD Pilot use ONLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8/16/99	1226M	Prospective Review- Inpatient	contracted	1 per claim per day	<input type="checkbox"/>	<input type="checkbox"/>
8/16/99	1227M	Prospective Review- Outpatient	contracted	1 per clm per day	<input type="checkbox"/>	<input type="checkbox"/>
8/16/99	1228M	Concurrent review	contracted	1 per clm per day	<input type="checkbox"/>	<input type="checkbox"/>
8/16/99	1229M	Retrospective inpatient review	contracted	1 per clm per day	<input type="checkbox"/>	<input type="checkbox"/>
8/16/99	1230M	Retrospective outpatient review	contracted	1 per clm per day	<input type="checkbox"/>	<input type="checkbox"/>
8/16/99	1231M	Re-reviews	contracted	1 per clm per day	<input type="checkbox"/>	<input type="checkbox"/>
8/16/99	1232M	Peer Review preparation and transmission by Review Nurse- Level 1	contracted	1 per clm per day	<input type="checkbox"/>	<input type="checkbox"/>
8/16/99	1233M	Peer Review preparation and transmission by Review Nurse - Level 2	contracted	1 per clm per day	<input type="checkbox"/>	<input type="checkbox"/>
8/16/99	1234M	Peer Review by physician - Level 2	contracted	6 per clm per yr	<input type="checkbox"/>	<input type="checkbox"/>
8/16/99	1235M	Medical Director's review and preparation of documents for testimony	contracted	5 per clm per yr	<input type="checkbox"/>	<input type="checkbox"/>
8/16/99	1236M	Medical Director testimony	contracted	5 per clm per yr	<input type="checkbox"/>	<input type="checkbox"/>
8/16/99	1237M	Review Nurse's review and preparation of documents for testimony	contracted		<input type="checkbox"/>	<input type="checkbox"/>
8/16/99	1238M	Review Nurse testimony	contracted		<input type="checkbox"/>	<input type="checkbox"/>
8/16/99	1239M	Nurse Specialist review and preparation of documents for testimony	contracted		<input type="checkbox"/>	<input type="checkbox"/>
8/16/99	1240M	Nurse Specialist testimony	contracted		<input type="checkbox"/>	<input type="checkbox"/>
8/16/99	1241M	Review by medical specialist	contracted		<input type="checkbox"/>	<input type="checkbox"/>
8/16/99	1242M	Reimbursement for UR mailing costs	contracted		<input type="checkbox"/>	<input type="checkbox"/>
9/1/93	2000M	Pain Clinic - Evaluation (Contracted)	contracted	Contracted Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9/1/93	2001M	Pain Clinic - Treatment (Contracted)	contracted	Contracted Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9/1/93	2002M	Pain Clinic - Follow-up (Contracted)	contracted	Contracted Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9/1/93	2003M	Disability Prevention Eval. w/ extended PT/OT eval.	*	* #59730 & 73665 ONLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9/1/93	2004M	Disability Prevention Evaluation	*	* #59730 & 73665 ONLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9/1/93	9804M	Use of facility (for medical services only)	BR	Prvdr #17290 ONLY	<input type="checkbox"/>	<input type="checkbox"/>
4/1/99	V0028	Travel, vocational services, claimant	state rate		<input type="checkbox"/>	<input type="checkbox"/>
4/5/93	V0810	Intervention/assessment	BR		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4/5/93	V0820	Ancillary services	BR		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4/5/93	V0821	Work evaluation	BR		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4/5/93	V0822	Work behavior modification	BR		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4/5/93	V0823	Job modification or pre-job accommodation consultation	BR	Max \$1000 per mod.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4/5/93	V0830	Plan development	BR		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4/5/93	V0840	Plan implementation	BR		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b><i>Codes No Longer In Use (includes only newly end dated codes):</i></b>						
9/1/93	2042A	Chiropractic physical medicine treatment		End Dated 6/30/00		
9/1/93	0015E	TENS rental (non-contracted service)		End Dated 6/30/00		
9/1/93	0016E	TENS purchase (non-contracted service)		End Dated 6/30/00		
9/1/93	0017E	TENS supplies (non-contracted service)		End Dated 6/30/00		
9/1/93	8928H	Home health agency RN care (per hour)		End Dated 9/6/99		
7/1/93	1201M	UR contracted-Inpatient full review		End Dated 8/31/99		
7/1/93	1202M	UR contracted-Inpatient partial review		End Dated 8/31/99		

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7/1/93	1203M	UR contracted-Inpatient review data collection		End Dated 8/31/99		
7/1/93	1204M	UR contracted-Inpatient hospital bill screening		End Dated 8/31/99		
7/1/93	1205M	UR contracted-Inpatient hospital bill auditing		End Dated 8/31/99		
7/1/93	1206M	UR contracted-Outpatient full review		End Dated 8/31/99		
7/1/93	1207M	UR contracted-Outpatient review data collection		End Dated 8/31/99		
7/1/93	1208M	UR contracted-Facility bill auditing		End Dated 8/31/99		
7/1/93	1209M	UR contracted-Case management hourly rate		End Dated 8/31/99		
7/1/93	1210M	UR contracted-Case management mileage(per mile)		End Dated 8/31/99		
7/1/93	1212M	UR contracted-Special reports		End Dated 8/31/99		
7/1/93	1213M	UR contracted-Case Management Data Collection		End Dated 8/31/99		
7/1/93	1214M	UR contracted-Case Management Travel		End Dated 8/31/99		
9/1/98	9983M	Non-agency interpreter (individual) services, per 15 minutes		End Dated 11/30/99		
9/1/98	9984M	Non-agency interpreter, wait time/form completion, per 15 minutes		End Dated 11/30/99		
9/1/98	9985M	Non-agency interpreter, IME no show, per 15 minutes		End Dated 11/30/99		

**KEY:**

**Column**

**Description**

*Effect. Date*

*Local code effective date*

*Code*

*Local code*

*Abbreviated Description*

*Abbreviated code description (refer to fee schedules for complete descriptions and associated policies)*

*7/1/00 Fee*

*Maximum fee for services provided on or after July 1, 2000*

*Comments*

*Comments*

*Prior Auth*

*Indicates if prior authorization is required*

*Appr Prvdr*

*Indicates if the code is limited to approved providers*